Image# 14961697723 PAGE 1 / 39

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
AMERICAN ASSOCIATION OF	NEUROLOGICAL SURGE	ONS POLITICAL ACTION O	COMMITTEE (NEUROSURGERYPAC)
ADDRESS (number and street)	725 Fiftheenth St., NW Suite	e 500	
Check if different than previously reported. (ACC)	Washington		DC 20005
reported. (ACC)			
2. FEC IDENTIFICATION NUM	IBER ▼ CIT	TY ▲	STATE ▲ ZIP CODE ▲
C C00413955		S THIS NEW (N)	OR × AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	20 (M2) May 20	(M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20	(Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)		on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electic	on on	in the State of
5. Covering Period 04	01 / 2014		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	Report and to the best of	my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	Dr. Alex B. Valadka		·
Signature of Treasurer Dr. Ale.	x B. Valadka	[Electronically Filed]	Date 07 / 21 / 2014
NOTE: Submission of false, erroneo	us, or incomplete informatio	n may subject the person sigr	ning this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) 06 2014 Report Covering the Period: 2014 30 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 25945.77 January 1. 2014 (b) Cash on Hand at 41169.10 Beginning of Reporting Period..... 128027.35 60050.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 101219.10 153973.12 6(a) and 6(c) for Column B)..... 81195.22 133949.24 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 20023.88 20023.88 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Re	port Covering the Period: From: 04		06 30 / 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	59500.00	119750.00
	(ii) Unitemized(iii) TOTAL (add	550.00	2725.00
	Lines 11(a)(i) and (ii)	60050.00	122475.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	60050.00	122475.00
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
15.	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.15
	Political Committees Other Federal Receipts	0.00	5552.20
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	60050.00	128027.35
	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	60050.00	128027.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

_	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	1777.88	3281.90
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1777.88	3281.90
22.	Transfers to Affiliated/Other Party		
20	Contributions to	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	77917.34	128917.34
24.	Independent Expenditures	0.00	0.00
<u>2</u> 5.	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	. <u>.</u>	0.00	222
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
29.	Other Disbursements	1500.00	1750.00
śÜ.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
) 1	Total Dishuraamente (add Lines 01/s) 00		
١١.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	81195.22	133949.24
	-, ,,,,,,,,,	3 100.22	100343.24
32.			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	81195.22	133949.24
	from Line 31)	01100.22	100040.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	60050.00	122475.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60050.00	122475.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1777.88	3281.90		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.15		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1777.88	3281.75		

FOR LINE NUMBER: **PAGE** 6 OF 39 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) H. Hunt Battjer Date of Receipt Mailing Address 5323 Harry Hines Blvd 2014 27 City State Zip Code Transaction ID: SA11AI.8039 TX Dallas 75390 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation McGaw Medical Center of Northw neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Rajesh K. Bindal Date of Receipt Mailing Address 16605 South West Frwy. Ste 285 04 15 2014 City State Zip Code Transaction ID: SA11AI.8020 TX Sugar Land 77479 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **Texas Spine Team** Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. William E. Bingaman Jr. Date of Receipt Mailing Address 9500 Euclid Ave. S80 02 2014 Cleveland Clinic Foundation 05 City Zip Code State Transaction ID: SA11AI.8029 OH Kirtland 44094 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF 39 Use separate schedule(s)

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Any information copied from such Reports around for commercial purposes, other than using	nd Statements may not be sold or used by any pg the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NE (NEUROSURGERYPAC)	UROLOGICAL SURGEONS POLITICAL A	ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Gary M. Bloomgarden Mailing Address 330 Orchard St. Ste. 316 City New Haven FEC ID number of contributing federal political committee. Name of Employer Connecticut Neurosurgery PC Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code CT 06511 C Occupation Neurosurgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kenneth S. Blumenfeld Mailing Address 2577 Samaritan Dr. Ste 710 City San Jose FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) General	State Zip Code CA 95124 C Occupation Neurosurgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Shakeel Chowdhry Mailing Address 529 Chicago Ave Unit 1 City Evanston FEC ID number of contributing federal political committee. Name of Employer North Shore Unv HealthSystem Receipt For: Primary General Other (specify)	State Zip Code IL 60202 C Occupation Neurosurgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt O4 14 2014 Transaction ID: SA11Al.8013 Amount of Each Receipt this Period 1000.00
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TOTAL This Period (last page this line num	nber only)	·

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for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) Chaim B. Colen Date of Receipt Mailing Address 19745 Blossom Ln. 04 2014 15 City State Zip Code Transaction ID: SA11AI.8024 Grosse Pointe Wood MI 48236 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation University Health Center Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jeffrey D. Cone Date of Receipt Mailing Address 6822 Plum Creek Dr. 04 2014 14 City State Zip Code Transaction ID: SA11AI.7985 TX Amarillo 79124-1601 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. William Couldwell Date of Receipt Mailing Address 175 N. Medical Dr. East 2014 04 07 Neurosurgery City State Zip Code Transaction ID: SA11AI.7977 UT Salt Lake City 84132 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) Dr. John D. Davis IV Date of Receipt Mailing Address 2470 Flowood Dr. 04 2014 City Zip Code State Transaction ID: SA11AI.7998 MS Flowood 39232 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Fernando G. Diaz Date of Receipt Mailing Address 29275 Northwestern Hwy Ste. 100 14 04 2014 City State Zip Code Transaction ID: SA11AI.7986 Southfield MI 48034 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) Jacques Farkas Date of Receipt Mailing Address 4600 North Ocean Drive 02 2014 05 Apt 605 City State Zip Code Transaction ID: SA11AI.8030 FL Singer Island 33404 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 5500.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) Dr. Richard G. Fessler Date of Receipt Mailing Address 676 N. St. Clair; Ste 2210 04 2014 15 City State Zip Code Transaction ID: SA11AI.8016 Chicago IL 60611 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Northwestern University Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Benjamin R. Gelber Date of Receipt Mailing Address 2222 S. 16th St. Ste 305 14 04 2014 City State Zip Code Transaction ID: SA11AI.7987 NE Lincoln 68502 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Neurological & Spinal Surgery Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. R. Patrick Jacob Date of Receipt Mailing Address Box 100265 2014 06 19 City State Zip Code Transaction ID: SA11AI.8038 FL Gainesville 32610 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

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	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEURO (NEUROSURGERYPAC)	DLOGICAL	SURGEONS POLITICAL AC	CTION COI	MMITTEE						
Α.	Full Name (Last, First, Middle Initial) Dr. John Joseph Knightly Mailing Address 310 Madison Ave.			Date o	f Receipt) / Y	. Y . Y	Y			
	City Morristown	State NJ	Zip Code 07960	Transaction ID : SA11AI.7993 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			it of Edon't	ioooipi ti	1000				
	Name of Employer Atlantic Neurosurg Specialists Receipt For:	Occupation Neurosurge									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
В.	Full Name (Last, First, Middle Initial) Mark E. Linskey			Date o	f Receipt						
	Mailing Address 101 The City Dr. S. Bldg. 56			04	14	J L	2014	Y			
	Orange	State CA	Zip Code 92868		saction ID:						
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	Name of Employer Self	Occupation Neurosurge	on								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
С .	Full Name (Last, First, Middle Initial) Dr. Joel D. MacDonald			Date o	f Receipt						
	Mailing Address 175 N. Medical Dr. East Neurosurgery			04	/ D 14		2014	Y			
	City Salt Lake City	State UT	Zip Code 84132		saction ID:			d			
	FEC ID number of contributing federal political committee.	С				- 7	100	0.00			
	Name of Employer	Occupation									
	University of Utah Receipt For:	Neurosurge									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) John M. McGregor Date of Receipt Mailing Address 410 W. 10th Ave. N1027 Doan Hall 04 2014 City State Zip Code Transaction ID: SA11AI.7989 OH Columbus 43210 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Ohio State University Hospital Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Daniel Bernard Michael Date of Receipt Mailing Address Michigan Head & Spine Inst. 29275 Northwestern Hwy Ste. 100 04 07 2014 City Zip Code State Transaction ID: SA11AI.7978 Southfield MI 48034-5700 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Michigan Head & Spine Inst Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jay K. Morgan Date of Receipt Mailing Address Sierra Neurosurgery Group 2014 04 14 85 Kirman Ave. Ste. 202 City Zip Code State Transaction ID: SA11AI.7991 NV Reno 89502 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation Sierra Neurosurgery Group Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 39 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) Glen Poffenbarger Date of Receipt Mailing Address 1101 Sam Perry Blvd Ste 207 04 2014 City Zip Code State Transaction ID: SA11AI.8007 VA Fredericksburg 22401 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Mary Washington Hospital Neurosurgeons Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Alexander F Post Date of Receipt Mailing Address 131 Madison Ave 3rd Floor 06 27 2014 City State Zip Code Transaction ID: SA11AI.8041 NJ Morristown 07960 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation NJ Pediatric Neurosurgical Ass Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ralph F. Reeder Jr. Date of Receipt Mailing Address 575 Sioux Point Rd. 2014 06 27 City State Zip Code Transaction ID: SA11AI.8043 SD **Dakota Dunes** 57049 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X	11a		11b		11c		12			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) Ganesh Roa Date of Receipt Mailing Address PO Box 301402 04 2014 City State Zip Code Transaction ID: SA11AI.8002 TX Houston 77230 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation University of Texas Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Charles L. Rosen Date of Receipt Mailing Address PO Box 9183 04 07 2014 City State Zip Code Transaction ID: SA11AI.7980 WV Morgantown 26506 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation West Virginia University Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Rosseau Date of Receipt Mailing Address 7600 Augusta St 29 2014 05 City State Zip Code Transaction ID: SA11AI.8033 IL River Forest 60305 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self Neurosurgeons Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 16 OF 39 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(cneck only one) X 11a
	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEU (NEUROSURGERYPAC)	ROLOGICAL SURGEONS POLITICAL A	ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Curtis J Rozzelle Mailing Address 1600 7th Ave S ACC400 City Birmingham FEC ID number of contributing federal political committee. Name of Employer Children Hospital of Alabama Receipt For: Primary General Other (specify)	State Zip Code AL 35233 C Occupation Neurosurgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 15 2014 Transaction ID: SA11AI.8021 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Prakash Sampath Mailing Address 118 Dudley St City Providence FEC ID number of contributing federal political committee. Name of Employer Roger Williams Hospital Receipt For: Primary General Other (specify)	State Zip Code RI 02905-2403 C Occupation Neurosurgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt O4 14 2014 Transaction ID: SA11AI.7999 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Michael Schulder Mailing Address 300 Community Dr./Neuros 9 Tower City Manhassett FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 11030 C Occupation Neurosurgeon Aggregate Year-to-Date 1000.00	Date of Receipt Mark
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) Reza Shahim Date of Receipt Mailing Address 5201 North Shore Dr. Ste 100 04 2014 City State Zip Code Transaction ID: SA11AI.8000 AR Little Rock 72118 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation **Neurological Surgery Assoc** Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Justin S Smith Date of Receipt Mailing Address Box 800212 04 16 2014 City State Zip Code Transaction ID: SA11AI.8027 Charlottesville VA 22908 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation University of Virginia Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sherry L Taylor Date of Receipt Mailing Address 2 Medical Center Dr Ste 503 02 2014 05 City State Zip Code Transaction ID: SA11AI.8031 MA Spingfield 01107 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **Baystate Medical Center** Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	FOF	R LINE	NU	IMBER	:	PAGE	•	18 O	F	39
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) Najeeb M. Thomas Date of Receipt Mailing Address Southern Brain & Spine 4228 Houma Blvd. Ste. 510 04 2014 City Zip Code State Transaction ID: SA11AI.8001 Metaire LA 70006 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shelly D. Timmons Date of Receipt Mailing Address 100 N. Academy Ave. 04 07 2014 City State Zip Code Transaction ID: SA11AI.7979 PA Danville 17822-0001 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Geisinger Medical Center Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Troy M. Tippett Date of Receipt Mailing Address 1717 NE St 2014 04 07 Ste. 422 Zip Code City State Transaction ID: SA11AI.7976 FL Pensacola 32501 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation The Neurosurgical Group Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) Frederick D. Todd II Date of Receipt Mailing Address 800 W. Arbrook Blvd. Ste 250 04 2014 City State Zip Code Transaction ID: SA11AI.7983 TX 76015 Arlington Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Arlington Neurosurg & Spine Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Alex B. Valadka Date of Receipt Mailing Address 1400 N. IH 35 Ste 300 04 15 2014 City State Zip Code Transaction ID: SA11AI.8018 TX Austin 78701 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Craig Andrew Van Der Veer Date of Receipt Mailing Address 225 Baldwin Ave. 2014 04 14 City State Zip Code Transaction ID: SA11AI.7995 NC Charlotte 28204 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 8750.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 20 OF 39 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) Andrew E. Wakefield Date of Receipt Mailing Address 360 Bloomfield Ave. Ste 209 04 15 2014 City Zip Code State Transaction ID: SA11AI.8019 CT Windsor 06095 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Connecticut Neuro & Spine Asso Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mark A. Weiner Date of Receipt Mailing Address 2600 Tuscarawas ST., W. Ste. 520 04 2014 14 City State Zip Code Transaction ID: SA11AI.7984 OH Canton 44708 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Aultman Hospital Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) John A. Wilson Date of Receipt Mailing Address Medical Center Dr./Neurosurgery Wake Forest University 04 14 2014 City State Zip Code Transaction ID: SA11AI.7997 NC Winston Salem 27157 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Self Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 21 OF 39 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Full Name (Last, First, Middle Initial) Stacey C. Quintero Wolfe Date of Receipt Mailing Address Tripler Army Med. Ctr./Neuros. Cli 1 Jarrett White Rd. 04 2014 City State Zip Code Transaction ID: SA11AI.8004 ΗΙ Honolulu 96589 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Wake Forest Univeristy School Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Garrett Zoeller Date of Receipt Mailing Address NJPNI 131 Madison Ave Suite 140 04 2014 14 City State Zip Code Transaction ID: SA11AI.8011 NJ Morristown 07960 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation N/A Neurosurgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... 59500.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LIN	E NUMBER:	PAGE 22 OF 39
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check or	nly one)	
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGIC	AL SURGEONS POLITIC	AL ACTION (COMMITTEE (N	NEUROSURGERYPAC)
Full Name (Last, First, Middle Initial)				
A. American Express			Date of Dis	sbursement
Mailing Address PO Box 53852			04	30 2014
,	State Zip Code		Transacti	ion ID : SB21B.7968
Phoenix	AZ 85072			OH ID : 3B21B.7300
Purpose of Disbursement American Express Fees for the month of April			Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		412.70
	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
B. American Express			Date of Dis	sbursement
Mailing Address PO Box 53852			05	30 2014
Phoenix	State Zip Code AZ 85072		Transacti	ion ID : SB21B.7971
Purpose of Disbursement American Express fees for May			Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		11.40
	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
C. American Express			Date of Dis	
Mailing Address PO Box 53852			06	30 2014
· · · · · · · · · · · · · · · · · · ·	State Zip Code AZ 85072		Transacti	ion ID : SB21B.8049
Purpose of Disbursement American Express Fees June 14	7.2 0007.2			
Candidate Name		Category/ Type	Amount of	Each Disbursement this Period
	nent For: Primary General Other (specify)			
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_	Full Name (Last, First, Middle Initial)													
Α.	Moneris Solutions						Date	of Di	sburse	_		Y	Υ	
	Mailing Address 700 E. Lake Cook Rd.						04		3	0	L	2014	Ш	
	•	State	Zip Code				Tran	sact	ion ID	· SI	321B.79	169		
	Buffalo Grove Purpose of Disbursement	IL	60089				i i ui i	Juoi		. 0.	JZ 1 D.7 1	,00		
	Visa and Mastercard Fees for April						Amou	nt of	Each	Disl	ourseme	ent this	Perio	od
	Candidate Name			C	ategor Type	ry/		Ξ	,		-	94	1.54	
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_	State: District:													
B.	Full Name (Last, First, Middle Initial) Moneris Solutions						Date o	of Di	sburse	mer	nt			
	Worlens Solutions						M	d /	D			Y	Υ	
	Mailing Address 700 E. Lake Cook Rd.						04			0	L	2014		
	Buffalo Grove	State IL	Zip Code 60089				Tran	sact	tion ID	: S	B21B.7	975		
	Purpose of Disbursement Fund Adjustment for the Month of April						Amou	nt of	Each	Disl	ourseme	ent this	Perio	od
	Candidate Name			C	ategor Type	ry/			,			9	0.00	
		nent For: Primary Other (spe	General cify) ▼											
<u>с.</u>	Full Name (Last, First, Middle Initial) Moneris Solutions						Date (of Di	sburse	mer	nt			
	Mailing Address 700 E. Lake Cook Rd.						05	/	3		/ Y	2014	Υ	
	City S Buffalo Grove	State IL	Zip Code 60089				Tran	sact	tion ID	: SI	B21B.79	972		
	Purpose of Disbursement	<u> </u>	00089			_								
	Visa and Mastercard fees for May Candidate Name			C	ategor	ry/	Amou	nt of	Each	Disl	ourseme		Perio	od
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	Senate	Primary Other (spe	General											
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\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	AMERICAN ASSOCIATION OF NEUROLOGIC	AL SURGI	EONS POLITICA	AL ACTION CO	OMMITTEE	(NEURO	SURGER	(PAC)	
	Full Name (Last, First, Middle Initial)								
Α.	Moneris Solutions					Disbursem		/ I Y I	V
	Mailing Address 700 E. Lake Cook Rd.				05	31		014	Y
	City	State	Zip Code		Tranca	otion ID . (SB21B.797	4	
	Buffalo Grove	IL	60089		rransa	ction iD : a	3DZ1D./9/	4	
	Purpose of Disbursement Fund Adjustment for May			· · · ·	Amount of	of Each Di	sbursemen	t this F	Period
	Candidate Name			Category/				00	00
				Type		7	-	30	.00
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	State: District:	Other (spec	City)						
_	Full Name (Last, First, Middle Initial)								
В.					Date of [Disbursem	ent		
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	Mailing Address 700 E. Lake Cook Rd.				Ub	30		:014	
	· ·	State IL	Zip Code		Transa	ction ID :	SB21B.805	0	
	Purpose of Disbursement		00003						
	Visa/Mastercard for June 14				Amount of	of Each Di	sbursemen	t this F	Period
	Candidate Name			Category/				60	.95
	200			Туре		7	-	08	.95
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		,							
	State: District:	Other (oper	ony) 🔻						
_	Full Name (Last, First, Middle Initial)								
C.					Date of I	Disbursem	ent		
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	Chicago	IL	60677		Transa	ction ID : 3	SB21B.804	8	
	••				Amount o	of Each Di	sbursemen	t this F	Period
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	Senate	Primary	General						
	President	Other (spec	cify) 🔻						
_	State: District:								
								120	00
Purpose of Disbursement Visa/Mastercard for June 14 Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. Inc PayPal Mailing Address 4100 Solutions Center 774100 City State Zip Code IL 60677 Purpose of Disbursement Paypals Fees For June Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement Transaction ID: SB21B.80 Amount of Each Disbursement Gangory/ Type Office Sought: Plouse Disbursement For: Senate Primary General Other (specify) ▼				139	.90				
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S	CHEDULE B (FEC Form 3X)			FOR LIN	NE NUMBER	:	PAGE	25 OF	F 39
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	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGIC.	AL SURG	SEONS POLITICA	AL ACTION	COMMITTE	E (NEURO	SURGERY	PAC)	
_	Full Name (Last, First, Middle Initial)								
Α.	ANDY HARRIS FOR CONGRESS				Date o	f Disburseme		- Y - Y	v
	Mailing Address PO BOX 604				04	21		014	
	,	State	Zip Code		Trans	saction ID : S	SB22 70/1		
		MD	21014			saction iD . 3	3DZ3.7941		
	Purpose of Disbursement 2014 Contribution				Amour	t of Each Di	sbursement	this Pe	eriod
	Candidate Name			Category/	1 .			500.0	00
	ANDREW P HARRIS			Туре	_	7	-	300.0	30
	President	nent For: Primary Other (spe	General						
_	State: MD District: 01								
Б	Full Name (Last, First, Middle Initial)				Data -	(D'alamana			
В.	BILIRAKIS FOR CONGRESS					f Disburseme			
	Mailing Address PO BOX 606				04	21		014	Y
	TARPON SPRINGS	State FL	Zip Code 34688		Tran	saction ID :	SB23.7958		
	Purpose of Disbursement 2014 Contributions				Amour	it of Each Di	sbursement	this Pe	eriod
	Candidate Name GUS M BILIRAKIS			Category/ Type	1 [1000.0	00
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		Primary	General						
		Other (spe	ecify) 🔻						
_	Full Name (Last, First, Middle Initial)								
C.	BILL CASSIDY FOR US SENATE				Date o	f Disburseme	ent		
	Mailing Address PO BOX 80505				04	01		014	Y
	,	State	Zip Code		Trans	saction ID : S	SR23 7967		
		LA	70898				JD20.1301		
	Purpose of Disbursement 2014 Contributions					4 -4 51		461- 5	- ull
	Candidate Name			Octobrio 1		t of Each Di	soursement	this Pe	erioa
	WILLIAM CASSIDY			Category/ Type				2000.0	00
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	X Senate	Primary	X General						
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26 OF	39
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NAME OF COMMITTEE (In Full)				
$ \; angle$ AMERICAN ASSOCIATION OF NEUROLOG	SICAL SURGEONS POLITIC	AL ACTION CO	DMMITTEE (NEUROSURGERYPAC)	
/				
Full Name (Last, First, Middle Initial)	_		Data of Dialouseanant	
A. BILL CASSIDY FOR US SENAT	E		Date of Disbursement	
Mailing Address PO BOX 80505			04 02 2014	
mamig radiose 1 0 Box 30000			01 02 2011	
City	State Zip Code		Transaction ID : SB23.7965	
BATON ROUGE	LA 70898		11ansaction ib . 3b23.7903	
Purpose of Disbursement 2014 Contributions			Amount of Each Disbursement this Peri	i a d
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WILLIAM CASSIDY		Category/ Type	3000.00)
	sement For: 2014	Nr.	,	
∑ Senate	Primary X General			
President	Other (specify) ▼			
State: LA District: 00				
Full Name (Last, First, Middle Initial) B. Roustany Jr. MD for Congress			Date of Disbursement	
B. Boustany Jr. MD for Congress				
Mailing Address PO Box 80126			04 21 2014	
5				
City	State Zip Code		Transaction ID : SB23.7926	
Lafayette Purpose of Disbursement	LA 70598			
2014 Primary Contribution			Amount of Each Disbursement this Peri	iod
Candidate Name		Category/		
CHARLES DR. JR. BOUSTANY		Type	500.00)
	sement For: 2014			
	Primary General			
President State: LA District: 07	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. BRADY FOR CONGRESS			Date of Disbursement	
BIOLD I TON CONCRECC			M M / D D / Y Y Y Y	
Mailing Address PO BOX 8277			04 21 2014	
Cit.	Otata 7in Cada			
City THE WOODLANDS	State Zip Code TX 77387		Transaction ID: SB23.7934	
Purpose of Disbursement				
2014 General Contribution			Amount of Each Disbursement this Peri-	iod
Candidate Name		Category/	500.00	
KEVIN BRADY		Туре	300.00	
Office Sought: House Disburi	sement For: 2014 Primary			
President	Other (specify)			
State: TX District: 08				
,				_
SUBTOTAL of Disbursements This Page (optiona	l)		4000.00	
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TOTAL This Period (last page this line number or	nly)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 39
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF NEUROLOG	CAL SURGEONS POLITICA	AL ACTION CC	DMMITTEE (NEUROSURGERYPAC)
Full Name (Last, First, Middle Initial)		i	
A. BUCSHON FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 250			04 21 _ 2014 _
City	State Zip Code		
Newburgh	IN 47629		Transaction ID : SB23.7957
Purpose of Disbursement			
2014 Contribution			Amount of Each Disbursement this Period
Candidate Name LARRY D BUCSHON		Category/	500.00
	ement For: 2014	Туре	
Senate Sought.	Primary General		
President	Other (specify) ▼		
State: IN District: 08	_		
Full Name (Last, First, Middle Initial)	EOD 00N05500		Date of Dighuresment
B. CATHY MCMORRIS RODGERS	FOR CONGRESS		Date of Disbursement
Mailing Address BOX 137			04 21 2014
City	State Zip Code		Transaction ID : SB23.7950
SPOKANE Purpose of Disbursement	WA 99210		
2014 Contributions			Amount of Each Disbursement this Period
Candidate Name		Category/	4500.00
CATHY MCMORRIS RODGERS		Туре	1500.00
	ement For: 2014 Primary General		
President	Other (specify)		
State: WA District: 05			
Full Name (Last, First, Middle Initial)			
C. CHARLIE DENT FOR CONGRES	S		Date of Disbursement
Mailing Address DOD 449			M M / D D / Y Y Y Y Y
Mailing Address PO Box 442			06 26 2014
City	State Zip Code		Transaction ID - CD22 7007
Allentown	PA 18105		Transaction ID: SB23.7907
Purpose of Disbursement 2014 Contribution		· · · ·	
Candidate Name		0.11	Amount of Each Disbursement this Period
CHARLES W REP DENT		Category/ Type	2500.00
Office Sought: House Disburs	ement For: 2014		
Senate	Primary General		
President District: 45	Other (specify) ▼		
State: PA District: 15			
SUBTOTAL of Disbursements This Page (optional)			4500.00
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TOTAL This Period (last page this line number onl	٨		

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 28 OF 39
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(oricon oriny	•	
	Detailed Summary Pag		22 X 23 28b	24 25 26 28c 29 30
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NAME OF COMMITTEE (In Full)				
AMERICAN ASSOCIATION OF NEUROLOGIC	AL SURGEONS POLIT	ICAL ACTION CO	MMITTEE (NEURO	SURGERYPAC)
<u>/</u>				
Full Name (Last, First, Middle Initial)			Date of Did	
A. COLLINS FOR SENATOR			Date of Disburseme	
Mailing Address PO BOX 1096			05 09	2014
Maining Address LO BOY 1080			03 09	2014
City	State Zip Code		T	2D00 7044
BANGOR	ME 04402		Transaction ID:	SB23.7914
Purpose of Disbursement 2014 Contributions				
			Amount of Each Di	sbursement this Period
Candidate Name SUSAN M COLLINS		Category/		1000.00
<u> </u>	nent For: 2014	Type		
	Primary Genera			
	Other (specify) ▼			
State: ME District: 00				
Full Name (Last, First, Middle Initial)				
B. DAVID ROUZER FOR CONGRESS	S		Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address PO BOX 2267			04 24	2014
City	state Zip Code			
•	NC 27577		Transaction ID :	SB23.7921
Purpose of Disbursement				
2014 Primary Contribution		<u> </u>	Amount of Each Di	sbursement this Period
Candidate Name		Category/		1000.00
DAVID CHESTON MR. ROUZER	ant Forman	Туре		1000.00
	nent For: 2014	,		
	Primary General Other (specify) ▼	'		
State: NC District: 07	outor (opcorry) ▼			
Full Name (Last, First, Middle Initial)				
C. DR. RAUL RUIZ FOR CONGRESS	}		Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address PO BOX 6116			04 21	2014
City.	75.00.1			
,	state Zip Code CA 92248		Transaction ID:	SB23.7942
Purpose of Disbursement	02270			
2014 Contributions		11 11	Amount of Each Di	sbursement this Period
Candidate Name		Category/		
Dr. RAUL DR. RUIZ		Type		1500.00
	nent For: 2014			
	Primary General			
	Other (specify) ▼			
State: CA District: 36				
SUPTOTAL of Diphuropments This Dags (actions)				3500.00
SUBTOTAL of Disbursements This Page (optional)		••••••		, , , , , , , , , , , , , , , , , , , ,

SCHEDULE B (FEC Form 3X)	l		FOR LINE	NUMBER:		PAGI	= 29 (OF 39
ITEMIZED DISBURSEMENTS			(orlean orling					
			21b	22		24	25	26
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· ' '	AL SURG	EONS POLITIC	AL ACTION CO	MMITTE	E (NEUR	OSURGEF	RYPAC)	
Full Name (Last, First, Middle Initial)								
A. DR. RAUL RUIZ FOR CONGRESS	ં							
Mailing Address PO BOY 6116				M = M 04			2014	Y
- G				JH	- 4			
,		Zip Code		Trons	action ID	- SB22 004	6	
LA QUINTA	CA	92248		เเสกิร	aouun ID	. აიგა.004		
Purpose of Disbursement 2014 Contibution				Amount	of Foob	Dishursom	ant thin "	Period
Candidate Name				Amount	. ∪ı ⊏acn	שטטטואפום Seme	on uns l	e1100
Dr. RAUL DR. RUIZ							1000	.00
	nent For:	2014	71					
Senate	-	General						
President	Other (spe	ecify) 🔻						
State Calegory Transaction ID : SB23.8046 Amount of Each Disbursement Dr. RAUL DR. RUIZ Office Sought: Senate President Senate Senate President Senate Senate President Senate President Senate President Senate President Senate President State: La District: 04 President President State: La District: 04 President State: La District: 04 President State: La District: 04 President President State: La District: 04 President Preside								
- FLEWING FOR CONGRESS					_		V = 1/	V
Mailing Address P.O. Box 1236								'
•		•		Trans	action ID	: SB23.791	6	
	LA	71058			.			
•				Amount	of Each	Disburseme	∍nt this F	² eriod
·			Category			501110		-
							1000	0.00
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	Other (spe	ecity) 🔻						
			-					
				Date of	Disburse	ment		
I KILINDO OF BOD JOHNOON					_		Y	Υ
Mailing Address PO BOX 16401								
0)	<u> </u>							
		•		Trans	action ID	: SB23.791	8	
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				Amount	of Each	Disburseme	ent this F	² eriod
			Category/			551110		
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SUBTOTAL of Disbursements This Page (ontional)							3000	.00
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SCHEDULE B (FEC Fo	rm 3X)			FOR LINE	NUMBER	:	PAGE	30 O	F 39
ITEMIZED DISBURSEME	NTS		parate schedule(s) h category of the	(check onl	y one)			٦	
			d Summary Page	21b 27		X 23 28b	24 28c	25 29	26
		<u> </u>			28a				30b
Any information copied from such Re or for commercial purposes, other th									
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NEUROLOGIC	AL SUR	GEONS POLITIC	AL ACTION C	OMMITTE	E (NEURO	SURGER	(PAC)	
Full Name (Last, First, Middle Init	al)								
A. FRIENDS OF JOE HE	CK				Date o	f Disbursem		/ II Y II '	v
Mailing Address PO Box 750114					04	21		2014	
City	5	State	Zip Code		Trans	saction ID :	SB22 70/5		
Las Vegas		NV	89136		ITAIIS	saction iD .	3DZ3./943		
Purpose of Disbursement 2014 Contributions					Amoun	t of Each D	isbursemer	t this P	eriod
Candidate Name JOE HECK				Category/ Type				2500.	00
Office Sought: House Senate	Disbursen	nent For: Primary	2014 General	71: -		,	,		
State: NV District: 03		Other (sp	ecify) 🔻						
Full Name (Last, First, Middle Init	al)								
B. FRIENDS OF JOE PIT	TS				Date o	f Disbursem		/ . Y . Y	v -
Mailing Address PO BOX 775					04	21		2014	Y
City Unionville	S	State PA	Zip Code 19375		Trans	saction ID:	SB23.7961		
Purpose of Disbursement 2014 Contributions					Amoun	t of Each D	isbursemer	t this P	eriod
Candidate Name JOSEPH R PITTS				Category/ Type				3000.	00
Office Sought: House	Disbursen	nent For:	2014	.,,,,,		, , , , , , , , , , , , , , , , , , , ,			
Senate		Primary	X General						
State: PA District: 16		Other (sp	ecify) 🔻						
Full Name (Last, First, Middle Init C. FRIENDS OF SHERRO	,				Date o	f Disbursem	ent		
of FRIENDS OF SHERK	D BROWN				M M	/ D D		/	V
Mailing Address PO BOX 15293					04	21		014	
City WASHINGTON		State DC	Zip Code 20003		Trans	saction ID :	SB23.7943		
Purpose of Disbursement 2018 Contributions		<u></u>	20003		-				
Candidate Name				Category/ Type	Amoun	t of Each D	isbursemer	t this P	
Office Sought: House Senate President		nent For: Primary Other (sp	General	,,					
State: OH District: 00									
SUBTOTAL of Disbursements This	Page (optional)			·····		-		6500.0	00
TOTAL This Period (last page this I	ine number only)			·····					

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 31 OF 39
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGIC.	AL SURGEONS POLITICA	AL ACTION CO	MMITTEE (NEUROSURGERYPAC)
Full Name (Last, First, Middle Initial)			
A. GENE GREEN CONGRESSIONAL	_ CAMPAIGN		Date of Disbursement
Mailing Address PO BOX 16128			04 21 2014
City S HOUSTON	State Zip Code TX 77222		Transaction ID: SB23.7932
Purpose of Disbursement 2014 General Contribution			Amount of Each Disbursement this Period
Candidate Name RAYMOND E. 'GENE' GREEN		Category/ Type	1000.00
Office Sought: House Disburser	nent For: 2014 Primary	1,500	
State: TX District: 29			
Full Name (Last, First, Middle Initial) B. GUTHRIE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 9639			04 21 2014
BOWLING GREEN	State Zip Code KY 42102		Transaction ID : SB23.7929
Purpose of Disbursement 2014 Primary Contribution			Amount of Each Disbursement this Period
Candidate Name S. BRETT HON. GUTHRIE		Category/ Type	1000.00
Senate	nent For: 2014 Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. HEALTHCARE FREEDOM FUND			Date of Disbursement
Mailing Address PO BOX 2485			04 21 2014
•	State Zip Code VA 22152		Transaction ID : SB23.7931
Purpose of Disbursement 2014 Contribution			Amount of Each Disbursement this Period
Candidate Name HEALTHCARE FREEDOM FUND		Category/ Type	5000.00
	nent For: Primary General Other (specify) ▼	7.	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			7000.00

SC	CHEDULE B (FEC Form 3X)	T		FOR LINE	NUMBER	PAGE 32 OF 39
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check on	ly one)	
			Summary Page	2115	22 28a	X 23 24 25 26 28b 28c 29 30
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	y information copied from such Reports and Statem for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGIC	AL SURG	EONS POLITICA	AL ACTION C	OMMITTE	EE (NEUROSURGERYPAC)
	Full Name (Last, First, Middle Initial)					
Α.	HOPE FOR CONGRESS				Date o	of Disbursement
	Mailing Address PO BOX 3060				04	24 2014
	,	State VA	Zip Code 22203		Trans	saction ID : SB23.7923
	Purpose of Disbursement 2014 Primary Contribution		22203			of Early Disharmon and this Davied
	Candidate Name				Amour	nt of Each Disbursement this Period
	PATRICK ALAN HOPE			Category/ Type	L	2500.00
	Senate	nent For: Primary Other (spe	General			
	State: VA District: 08		,			
	Full Name (Last, First, Middle Initial)					
В.	Hyatt Regency Chicago				Date o	of Disbursement
	Mailing Address 151 E Upper Wacker Dr				06	26 2014
	Chicago	State IL	Zip Code 60601		Tran	saction ID : SB23.8060
	Purpose of Disbursement in kind contribution for food and beverage for a cano	didate rece	ption		Amour	nt of Each Disbursement this Period
	Candidate Name MONICA WEHBY			Category/ Type		4917.34
	Office Sought: House Disbursem	nent For:		1,700		, , , , , , , , , , , , , , , , , , , ,
	Senate	Primary	General			
	President State: OR District: 00	Other (spe	ecify) 🔻			
_	Full Name (Last, First, Middle Initial)					
C.	KEVIN MCCARTHY FOR CONGRI	ESS				of Disbursement
	Mailing Address PO BOX 12667				06	26 2014
	•	State CA	Zip Code		Trans	saction ID : SB23.7905
	BAKERSFIELD Purpose of Disbursement 2014 Contribution	CA	93389			
					Amour	nt of Each Disbursement this Period
	Candidate Name KEVIN MCCARTHY			Category/ Type		2500.00
	Office Sought: House Disbursen	nent For: Primary	2014 General	71		
	President	Other (spe				
	State: CA District: 22				1	
s	UBTOTAL of Disbursements This Page (optional)			<u> </u>		9917.34
lτ	OTAL This Period (last page this line number only).					

SCHEDULE B (FEC Form 3X)	Llos concrete askadula (-)	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGIC	CAL SURGEONS POLITICA	AL ACTION CO	MMITTEE (NEUROSURGERYPAC)
Full Name (Last, First, Middle Initial) A. LANGEVIN FOR CONGRESS			Date of Disbursement
Mailing Address 181A KNIGHT STREET			04 21 2014
WARWICK	State Zip Code RI 02886		Transaction ID : SB23.7933
Purpose of Disbursement 2014 Primary Contribution Candidate Name			Amount of Each Disbursement this Period
JAMES R. HONORABLE LANGEV		Category/ Type	1000.00
Senate President	ment For: 2014 Primary ☐ General Other (specify) ▼		
State: RI District: 02 Full Name (Last, First, Middle Initial) 3. LIZBETH BENACQUISTO FOR Company Mailing Address 610 S BOULEVARD	ONGRESS		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code FL 33606		Transaction ID : SB23.7962
Purpose of Disbursement 2014 Contributions	1 L 33000		Amount of Each Disbursement this Period
Candidate Name LIZBETH BENACQUISTO		Category/ Type	1000.00
	ment For: 2014 Primary ☐ General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. MAGGIE'S LIST			Date of Disbursement
Mailing Address 6674 WEEPING WILLOW WAY			04 21 2014
City TALLAHASSEE Purpose of Disbursement	State Zip Code FL 32311		Transaction ID : SB23.7936
2014 Contribution Candidate Name			Amount of Each Disbursement this Period
MAGGIE'S LIST Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)	Category/ Type	2500.00
State: District: SUBTOTAL of Disbursements This Page (optional))		4500.00

SCHEDULE B (FEC Form 3X)	11	(a) FOR LINE	NUMBER:	PAGE 34 OF 39	
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(check only) (check only one)		
	Detailed Summary Pag		22 X 23 28b	24 25 26 28c 29 30	
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NAME OF COMMITTEE (In Full)					
AMERICAN ASSOCIATION OF NEUROLOGI	CAL SURGEONS POLIT	ICAL ACTION CO	MMITTEE (NEUROS	SURGERYPAC)	
Full Name (Last, First, Middle Initial)	222		Data of Diahamaana		
A. MICHAEL BURGESS FOR CONC	ERESS		Date of Disburseme		
Mailing Address PO BOX 2334			04 21	2014	
3 3 3 3 3 5 C 2 3 N 2 3 3 N			4.		
City	State Zip Code		Transaction ID : S	SB23 7937	
DENTON	TX 76202		Transaction ib . C	D23.7337	
Purpose of Disbursement 2014 Contribution			Amount of Each Di	sbursement this Period	
Candidate Name		Ontarior /	, and an each Di	SSS TOSTION WITH TOTAL	
MICHAEL C. DR. BURGESS		Category/ Type		3000.00	
	ement For: 2014	1 7			
Senate	Primary Senera	ıl			
President	Other (specify) ▼				
State: TX District: 26					
Full Name (Last, First, Middle Initial) B. PETE SESSIONS FOR CONGRE	.00		Date of Disburseme	ant	
B. PETE SESSIONS FOR CONGRE	:33		M M / D D	/	
Mailing Address PO Box 823047			05 09	2014	
City	State Zip Code		Transaction ID:	SB23.7912	
Dallas Purpose of Disbursement	TX 75382				
2014 Contributions			Amount of Each Di	sbursement this Period	
Candidate Name		Category/			
PETE MR. SESSIONS		Type		2500.00	
	ement For: 2014				
Senate	Primary Genera	ıl			
State: TX District: 32	Other (specify)				
Full Name (Last, First, Middle Initial)					
C. PRICE FOR CONGRESS			Date of Disburseme	ent	
			M M / D D	/	
Mailing Address P.O. Box 425			04 21	2014	
City	Otata Zia Cada				
City Roswell	State Zip Code GA 30077		Transaction ID : S	SB23.7948	
Purpose of Disbursement					
2014 Contribution			Amount of Each Di	sbursement this Period	
Candidate Name		Category/		3000.00	
THOMAS EDMUNDS PRICE	mant fam ar	Туре		3000.00	
Office Sought: House Disburse Senate	ement For: 2014 Primary	.l			
President	Other (specify)	u			
State: GA District: 06	(-p-5)/ \				
SUBTOTAL of Disbursements This Page (optional)				8500.00	
TOTAL This Period (last page this line number only	/)				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	35 O	F 39
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check only one)					
		Summary Page	21b	22 28a	X 23 28b	24 28c	25 29	26
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NAME OF COMMITTEE (In Full)								
AMERICAN ASSOCIATION OF NEUROLOGIC	CAL SURG	SEONS POLITIC	AL ACTION CC	MMITTEE	(NEUROS	SURGER	(PAC)	
Full Name (Lock First Middle India)			-					
Full Name (Last, First, Middle Initial) A. RENEE ELLMERS FOR CONGRE	= e e e e			Date of	Disburseme	ent		
" NEINEE ELLIVIERS FOR CONGRE	-33 00	VIVIIVII I I E E		M M	/ D D		/	Y
Mailing Address PO BOX 99567				04	21		014	
City	Ctata	7in Oad						
City RALEIGH	State NC	Zip Code 27624		Transa	ction ID : S	B23.7954		
Purpose of Disbursement		21024						
2014 Contributions				Amount	of Each Dis	sbursemer	t this P	eriod
Candidate Name			Category/				2500.0	20
RENEE JACISIN ELLMERS			Type		7	-	2000.	50
	ment For: Primary	2014 General						
President	Other (sp							
State: NC District: 02] (>	<i>></i> / ▼						
Full Name (Last, First, Middle Initial)								
B. SCHOCK FOR CONGRESS				Date of	Disburseme	ent		
				M = M	/ D D		/	Y
Mailing Address PO Box 10555				06	26	2	2014	_
City	State	Zip Code		Trance	action ID : S	R23 7002		
Peoria	IL	61612		Hans	. UI IU . S	, 523.1303		
Purpose of Disbursement 2014 Contributions				Amount	of Each Dis	hursamar	it this P	eriod
Candidate Name			Cotamasii	, anount	or Lacit Dis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Jilou
AARON JON MR. SCHOCK			Category/ Type		,	-	2500.	00
Office Sought: House Disburse	ment For:	2014						
Senate	Primary	Maria General						
President	Other (sp	ecify) 🔻						
State: IL District: 18								
Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS				Date of	Disburseme	ent		
- STIVENSTON CONGRESS				M M	/ D D		/ Y Y	Y
Mailing Address 4679 Winterset Drive				04	21		014	
01	0							
City Columbus	State OH	Zip Code 43220		Transa	action ID : S	B23.7949		
Purpose of Disbursement		70220						
2014 Contributions				Amount	of Each Dis	sbursemer	t this P	eriod
Candidate Name			Category/				1500	20
STEVE E STIVERS	. =		Type				1500.0	JU
	ment For:							
Senate President	Primary Other (sp	General						
State: OH District: 15	Julier (spi	∀						
2.5							-	
SUBTOTAL of Disbursements This Page (optional).							6500.0	00
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TOTAL This Period (last page this line number only	·)			1				

SCHEDULE B (FEC Form 3X)	I I a a	-11	FOR LINE I	NUMBER:	PAGE 36 OF 39
ITEMIZED DISBURSEMENTS	Use separate s for each categor		(check only		
	Detailed Summ		21b 27	22 X 25 28 28 28 28	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
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NAME OF COMMITTEE (In Full)		, ,			
AMERICAN ASSOCIATION OF NEUROLOGIC	AL SURGEONS	POLITICAL	ACTION CO	MMITTEE (NE	UROSURGERYPAC)
Full Name (Last, First, Middle Initial)	_			D : (D: 1	
A. TERRI LYNN LAND FOR SENATE	=			Date of Disbu	
Mailing Address PO BOX 308				05	16 2014
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				4.7	
	State Zip (Transaction	ı ID : SB23.7909
GRANDVILLE	MI 494	18		Transaction	110 . 0023.7303
Purpose of Disbursement 2014 Primary Contribution				Amount of Ea	ach Disbursement this Period
Candidate Name				Amount of La	acii bisbuisement tilis i ellou
TERRI LYNN LAND			Category/ Type		2000.00
	ment For: 2014				
∑ Senate	Primary	General			
President	Other (specify)	7			
State: MI District: 00					
Full Name (Last, First, Middle Initial) B. THOM TILLIS COMMITTEE				Date of Disbu	ircomont
B. THOM TILLIS COMMITTEE					D D / Y Y Y Y
Mailing Address PO BOX 97396				04	21 2014
•	State Zip (Transaction	n ID : SB23.7938
RALEIGH Purpose of Disbursement	NC 2762	24			
2014 Contribution		- 1		Amount of Ea	ach Disbursement this Period
Candidate Name			Category/		
THOM R TILLIS			Type		2500.00
	nent For: 2014				
	Primary	General			
State: NC District: 00	Other (specify)	7			
State: NC District: 00 Full Name (Last, First, Middle Initial)					
C. TIM MURPHY FOR CONGRESS				Date of Disbu	ursement
- THE MORE THE FOR CONSIDER				M = M /	D D / Y Y Y Y Y
Mailing Address PO BOX 24551				04	21 2014
Oih.	Ot-1-	2-4-			
City S PTTSBURGH	State Zip (PA 1523			Transaction	n ID : SB23.7947
Purpose of Disbursement	1020				
2014 Contribution				Amount of Ea	ach Disbursement this Period
Candidate Name			Category/		1000.00
TIMOTHY MURPHY			Туре		1000.00
Office Sought: House Disburser	ment For: 2014 Primary	General			
President	Other (specify)				
State: PA District: 18	(opcony)	,			
·					
SUBTOTAL of Disbursements This Page (optional)					5500.00
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Lica canarata cahadula	(s) FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Pag	e Corlock only	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGIC	AL SURGEONS POLIT	ICAL ACTION CC	MMITTEE (NEUROSURGERYPAC)
Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL AC	CTION COMMITT	EE	Date of Disbursement
Mailing Address PO BOX 40385			05 02 2014
WASHINGTON	State Zip Code DC 20016		Transaction ID : SB23.7915
Purpose of Disbursement 2014 Contributions			Amount of Each Disbursement this Period
Candidate Name TUESDAY GROUP POLITICAL ACTI		Category/ Type	5000.00
Office Sought: House Disbursen Senate President State: District:	nent For: Primary Genera Other (specify) ▼	I	
Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS Mailing Address PO BOX 1091			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code		
HOOD RIVER Purpose of Disbursement	OR 97031		Transaction ID : SB23.7944
2014 Contributions Candidate Name		Category/	Amount of Each Disbursement this Period 2500.00
	nent For: 2014 Primary Genera Other (specify)	Type	
Full Name (Last, First, Middle Initial) C. WENSTRUP FOR CONGRESS			Date of Disbursement
Mailing Address 512 MISSOURI AVE			06 26 2014
,	State Zip Code OH 45226		Transaction ID : SB23.7906
2014 Contribution Candidate Name			Amount of Each Disbursement this Period
BRAD WENSTRUP	The second secon	Category/ Type	1000.00
Office Cought: A House Dishurses			
	nent For: 2014 Primary	I	
Senate President	Primary		8500.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 38 OF 39
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		24 25 26 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGIC.				
Full Name (Last, First, Middle Initial) NYDEN FOR SENATE			Date of Disbursemer	nt
Mailing Address 232 NE 9TH AVENUE			04 / 21	2014
PORTLAND	State Zip Code OR 97232		Transaction ID : Si	323.7946
Purpose of Disbursement 2016 Contribution			Amount of Each Disk	oursement this Period
Candidate Name RONALD L WYDEN		Category/ Type		2500.00
X Senate	nent For: 2016 Primary General Other (specify)			
State: OR District: 00 Full Name (Last, First, Middle Initial)				
3.			Date of Disbursemen	nt
Mailing Address			W = W / D = D	, , , , , , , , ,
City	State Zip Code			
Purpose of Disbursement			Amount of Each Disk	oursement this Period
Candidate Name	,	Category/ Type		7
President	nent For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				
C. 			Date of Disbursemer	nt
Mailing Address				
City	State Zip Code			
Purpose of Disbursement Candidate Name		Category/	Amount of Each Dist	oursement this Period
Office Sought: House Disbursem	nont For:	Type		
Senate President	Primary General Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····•		2500.00
TOTAL This Period (last page this line number only).				77917.34

SCHEDULE B (FEC Form 3X)	Han anneath and All ()	FOR LINE I	NUMBER:	PAGE 39 OF 39
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	27	22 23 28b	28c X 29 30
Any information copied from such Reports and Statem				soliciting contributions
or for commercial purposes, other than using the name	e and address of any politica	I committee to	solicit contributions fro	om such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NEUROLOGIC	AL SURGEONS POLITICAI	_ ACTION CO	MMITTEE (NEUROS	SURGERYPAC)
Full Name (Last, First, Middle Initial) A. AMERICAN ASSOCIATION OF NEUROLOGICAL S COMMITTEE (NEUROSURGERYPAC)	URGEONS POLITICAL ACTIO	ON	Date of Disburseme	ent
Mailing Address 725 Fiftheenth St., NW Suite 500			05 09	2014
Washington	State Zip Code DC 20005		Transaction ID : S	6B29.8047
Purpose of Disbursement Move Corp donations Candidate Name			Amount of Each Dis	sbursement this Period
		Category/ Type		1500.00
	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) 3.			Date of Disburseme	
Mailing Address			M M / D D	/
City	State Zip Code			
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Candidate Name		Category/ Type	7	7
	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disburseme	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify)			
				1500.00
SUBTOTAL of Disbursements This Page (optional)		······		1300.00
TOTAL This Period (last page this line number only).				1500.00